

The Naturally Inspired Child 2014 Summer School

June						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Child's Name: _____

DOB _____

Check which of the following you are enrolling for:

o Session 1: Monday-Thursday June 9th-26th, 2014

- 3 Day Half Day Tuesday-Thursday 9am-1pm.....\$225
- 3 Day Full Day Tuesday-Thursday 9am-4pm\$315

- 4 Day Half Monday-Thursday 9am-1pm.....\$300
- 4 Day Full Monday-Thursday 9am-4 pm.....\$420

o Session 2: July 7th-July 24th, 2014

- 3 Day Tuesday-Thursday 9am-1pm.....\$225
- 3 Day Tuesday-Thursday 9am-4pm.....\$315

- 4 Day Monday-Thursday 9am-1pm.....\$300
- 4 Day Monday-Thursday 9am-4 pm.....\$420

o Session 3: July 28th-Aug 14th, 2014

- 3 Day Tuesday-Thursday 9am-1pm.....\$225
- 3 Day Tuesday-Thursday 9am-4pm.....\$315

- 4 Day Monday-Thursday 9am-1pm.....\$300
- 4 Day Monday-Thursday 9am-4 pm.....\$420

Hours are 730-400. Early care is available for an additional charge of \$5 per day (730-900). Early care will not be prorated and will be billed separately 2x each session.

A \$100 nonrefundable deposit for each session is due at time of registration and will be applied to each session's tuition.

A \$15 supply and field trip fee for each session is due at time of registration. Enroll for all three sessions and pay \$40

Although morning and afternoon snack is provided, lunch is not. Each child must pack their own healthy lunch in an insulated bag with ice pack. Please save cookies, candies, and sweets for home. A balanced lunch should include a whole grain, protein, fruits and vegetables.

Registration is not complete until the following has been received:

___Supply Fee(s) \$___ ___ Deposit(s)\$_____ ___Contract ___ Immunization (or exemption) ___Student Profile

For office use only

Date enrollment complete: / / Session(s) Enrolled for: Moneys received \$ Check #

Contract

1. Enrollment: I/we hereby enroll child for the **2014 Summer School Session(s)** indicated on page 1 at The Naturally Inspired Child. Enrollment sessions are for 3 weeks of summer school; session 1 is June 9th-26th, session 2 is July 7th-24th and session 3 is July 28th – August 14th.

2. Supply Fee: A non-refundable fee of **\$15 per session** must accompany this form to cover the cost of supplies and field trips associated with this summer program. Enroll for all 3 sessions and pay \$40

3. Payment: Sessions must be paid in full by the first day of each session. Late fee of \$20 will be assessed for payment received after the first day of each session. Early care will be billed separately and will be due the end of the second and fourth weeks of each session.

4. Photo Release:

I agree to allow photos and videos of my child to be used for the website, G+, and Facebook page. _____

Initial here if **DO NOT** give permission for your child to appear in any photos or videos. _____

Initial here if you would like to be tagged on Facebook page, although your child's name will not be listed _____

5. Arrival and Departure: Punctuality is appreciated and expected. Students are expected to arrive between 9:00 and 9:15 and depart between 12:45 and 1:00 for half day summer school. Pick up after 1:00 will accrue charges of \$1.50 per 15 minute increment rounded up. For full day summer school, arrival is expected between 9:00 and 9:15 and departure no later than 4:00. Arrival before 9:00 for half and full day students will result in \$5 non prorated early care charge and after 4:00 will accrue a late charge of \$1 per minute. If your child will be late or picked up early, a courtesy text or call is appreciated.

6. Attendance: No refunds or prorates will be given for absences of any kind.

7. Provisions: Sunscreen should be applied to your child before arrival. If child will be attending the full day session, please supply sunscreen for your child. A healthy lunch and a water bottle must accompany your child each day. They will be responsible for carrying the water bottle during outings and walks so consider getting a water bottle shoulder carrier. Supply 2-3 complete changes of clothing for your child, a towel for water play and a pair of indoor shoes or slippers. Full day students will need bedding for quiet time.

8. Clothing: Children must be dressed in clothing that allows them to be independent. Please save tie shoes, overalls, and clothing with several buttons for the weekends. Velcro, sweat pants, and loose shirts are ideal clothing to wear until children have mastered buttons and tight shoes. South Dakota weather changes in an instant, feel free to leave a jacket and in their cubby.

9. Illnesses and absences: For the health and safety of all children, families, and myself, we cannot accept children and/or will send them home if they exhibit any of the following symptoms: Fever of greater than 99.9, runny nose with green drainage, questionable rashes, excessive coughing, diarrhea or vomiting, impetigo, chicken pox, measles mumps or rubella, conjunctivitis, or extreme lethargy. Children must be symptom free for 24 hours until returning to preschool.

10. Environment: The Naturally Inspired Child is an environment free from weapon, super hero, and other possibly aggressive play. If this is a type of play that your child typically engages in, please visit with them about leaving it at home. We are also a mainstream media free environment; please refrain from dressing your children in characters, superheroes, and other mainstream influences.

I/we, _____, the parents of _____, have read and agreed to the policies and terms of this contract.

Parent Signature

Today's Date

Megan Handshue

Today's Date

Student Profile

SUMMER 2014

CHILD'S FULL NAME: _____

Date of Birth: _____

Address _____

Phone Number _____

Mother's Name: _____

Mother's Cell Phone # _____

Mother's Work Phone #: _____

Employer: _____

Available for driving and chaperoning field trips (circle one) yes no

Father's Name: _____

Father's Cell Phone # _____

Father's Work Phone #: _____

Employer _____

Available for driving and chaperoning field trips (circle one) yes no

My child really likes: _____

My child doesn't like: _____

Physician's Name _____ # _____

EMERGENCY CONTACTS (Other than parents)

1. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

AUTHORIZED PICK-UP PERSONS (Other than parents)

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

Emergency Medical Care Authorization

I, hereby give permission for emergency treatment for _____ if requested

by _____, who is our child care provider. Please note that my child is allergic to the following

medications: _____

It is also important to note that my child has the following special medical conditions or

allergies: _____

Parent Signature _____

Date _____